

Check Space

SDG 1715

INDIANA STATE DEPARTMENT OF HEALTH
Chemistry Laboratory
635 N Barnhill Dr., Room MS0040
P.O. Box 7202
INDIANAPOLIS, INDIANA 46207-7202

**CHEMICAL EXAMINATION OF
BOTTLED WATER**

Do not write in this space

Lab No. **146816 H A**Date Rec. **01/04/2005**

Date Rep. _____

FILL IN THIS SPACE

Indiana State Department of Health is to mail report to:

Manager, Food Protection Program

Name

2 North Meridian Street, 5 C

Street

Indianapolis, IN46204

City or Town

Zip

Also, mail copy of report to:

Name _____

Street _____

City or Town _____

IN

Zip _____

Name of establishment

Home City Ice

Address

2000 Martin Luther King Jr

City

Indianapolis

Zip

46202

Collected by

Piki Saha

Date collected

01-04-05

Time

11:55 am

Where was sample collected?

well #1

Number of containers _____

Type of water

well (drinking) water

Unusual conditions

untreated

Person from whom sample obtained

Jeremy Nicholson**LABORATORY EXAMINATION**

GENERAL CHEMISTRY	Check	ORGANICS	Check	METALS	Check
Fluorides as F	X	Volatile Organic Chemicals (VOC's)		Aluminum	X
Nitrate + Nitrite as N	X	Method 524.2	X	Antimony	X
Nitrates as N	X			Arsenic	X
Nitrite as N	X			Barium	X
		Synthetic Organic Chemicals (SOC's)		Beryllium	X
Total Phenol	X	Method 504.1	X	Cadmium	X
		Method 508	X	Chromium (Total)	X
		Method 515.3	X	Copper	X
Cyanide	X	Method 525.2	X	Iron	X
Chlorides as Cl	X	Method 531.1	X	Lead as Pb	X
Sulfates as SO ₄	X	Method 552.2	X	Manganese	X
		Method 625	X	Nickel	X
Total Dissolved Solids	X	REPORTED		Selenium as Se	X
				Silver as Ag	X
Turbidity	X	FEB 11 2005		Thallium	X
		Indiana State Department of Health Laboratory Resource Center Chemistry Laboratory		Zinc	X
		RADIOLOGICAL		Mercury as Hg	X
		Radionuclides			
		Gross Alpha			
		Gross Beta			

To be filled in by Food Protection

Reviewed by _____ Conclusion and Recommended Actions _____

Signed _____ Date _____